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SUBJECT: AIDS IN TIBETAN AREAS OF SICHUAN PROVINCE

REF: CHENGDU 947

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CLASSIFIED BY: James A. Boughner, Consul General, United States  
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REASON: 1.4 (b), (d)

1. (C) Summary: During a recent conference on "Social Changes and Development in the Tibetan Autonomous Region (TAR) and other Tibetan Areas," a researcher from the Sichuan Provincial Ethnic Research Institute said the HIV/AIDS situation in Tibetan areas of Sichuan Province has grown more serious in the last year. Drug use and sexual contact are the main transmission routes, but there is evidence the disease has started to spread to the general population, the researcher claimed. A representative of a foreign non-governmental organization working in Tibetan areas of Sichuan said HIV/AIDS is a "disaster waiting to happen." The fact that infection rates and other data were not readily available in Ganzi Prefecture is indicative of both the cautiousness of local health authorities as well as the sensitive nature of drug use and commercial sex work in Tibetan areas. End Summary.

#### Background

2. (SBU) Consulate recently attended a December 9-11 conference in Chengdu on "Social Changes and Development in the Tibetan Autonomous Region (TAR) and other Tibetan Areas," co-organized by the Social Economic Research Institute of the China Center for Tibet Study and the Tibet Study Institute of Sichuan University. The conference was attended by over 100 people from the TAR and other Tibetan areas. Approximately 70 scholars, 8-10 of whom were ethnic Tibetans, presented academic papers. The main themes of the conference were the construction of a "harmonious society," health care, environmental protection, poverty alleviation, economic development, and NGO involvement in Tibetan areas. This cable will focus on HIV/AIDS. The topics of "harmonious society" and economic development will be reported septel.

#### Tibetan Areas of Sichuan Non-Transparent on HIV/AIDS

3. (SBU) Shang Yunchuan, a scholar from the Sichuan Provincial Ethnic Research Institute claimed during her presentation at the conference that the exact number of HIV positive individuals in Ganzi Tibetan Autonomous Prefecture on Sichuan Province is "classified," but admitted the number of infected Tibetan males was in the double digits, and females, in the single digits. She said HIV/AIDS was first diagnosed in the Tibetan injecting drug user (IDU) population in Ganzi in September 2002. Shang

stated that between January 2005 and August 2006, Ganzi Prefecture had an increased annual infection rate of over 170 percent, but did not substantiate her calculation with any data.

Shang added that the number of HIV infections in Aba Tibetan Autonomous Prefecture, which also discovered its first HIV case in 2002, had 40 HIV positive cases by Jun 2006. (Note: Shang did not comment on why the numbers for Ganzi were "classified," when she was able to cite a figure for Aba. End Note.) Shang opined that the HIV/AIDS epidemic has grown more serious in Tibetan areas of Sichuan Province in the last year.

#### Drug Use and Sex Main Transmission Routes

14. (SBU) Shang said the main HIV transmission routes in Tibetan areas of Sichuan, as in other minority areas, are injecting drug use and sexual transmission. In Ganzi Prefecture where HIV carriers range in age from 19 to 45, 57 percent were infected through drug use. In Aba, in contrast, 93 percent of patients were infected through sexual contact. She asserted there are approximately 800 "hidden sex workers" in "200 highly dangerous places" in 18 counties of Ganzi Prefecture.

#### HIV/AIDS "Dangerously Close" to General Population

15. (SBU) Shang opined that HIV/AIDS is dangerously close to expanding from high risks groups to the general population in Tibetan areas of Sichuan Province. Shang's conference paper said that although drug-injection has been the main route of infection for HIV/AIDS for many years, there are now cases of maternal-child transmission and couple to couple transmission. Specifically, in Ganzi Prefecture, HIV/AIDS cases have been discovered among government employees, police and school workers. Shang said two AIDS patients have died in Aba Prefecture since 2002. She did not provide a number of deaths in Ganzi, but reiterated her earlier point about the large number of commercial sex workers.

16. (C) A foreign representative of an international NGO working

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in Ganzi, also present at the conference, echoed Shang's concern about the disease eventually bridging to the general population.

The contact categorized AIDS in Sichuan's Tibetan areas as a "disaster waiting to happen." He said his NGO conducted maternal and child health training for over 2000 women in five villages in Ganzi in 2005-6 and found no indication that HIV had gained a foothold in that population. While the contact agreed with Shang's general conclusions, he lamented the small sample size used for the research and said the study would have been more useful with hard data.

#### Comment

17. (C) The fact that infection rates and other data were not readily available to this researcher in Ganzi Prefecture is indicative of both the cautiousness of local health authorities as well as the sensitive nature of drug use and commercial sex work in Tibetan areas. Post has heard complaints from NGOs and bilateral project representatives working in the TAR that it is very challenging to work on HIV/AIDS in Tibet and to collect data on high-risk populations. Given that the China-UK HIV/AIDS Prevention Project has carried out work in 8 of Ganzi's 18 counties since 2001 - 2006, it is somewhat surprising there is not more publicly shared data generated from the five years of bilateral cooperation.

BOUGHNER